

This form is available electronically.

<b>CCC-509</b> (06-20-08)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation		1. PROGRAM YEAR:	
<b>2008 DIRECT AND COUNTER-CYCLICAL PROGRAM CONTRACT</b>				2A. COUNTY FSA OFFICE NAME AND ADDRESS <i>(Including Zip Code)</i>	
				2B. COUNTY OFFICE TELEPHONE NUMBER <i>(Including Area Code)</i>	
<b>NOTE:</b> The authority for collecting the following information is the Food, Conservation, and Energy Act of 2008. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.				3. STATE CODE	5. FARM NUMBER
				4. COUNTY CODE	
<i>The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for program benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in denial of program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. RETURN THE COMPLETED FORM TO THE FSA COUNTY OFFICE.</i>					
<b>THIS CONTRACT TO PARTICIPATE</b> is entered into between the Commodity Credit Corporation (CCC) and the undersigned producers on the farm identified above for the commodities identified in Item 6. The terms and conditions of the direct and counter-cyclical program contract and average Adjusted Gross Income Provisions are contained in the CCC-509 Appendix (06-20-08), entitled "Appendix to Form CCC-509, "2008 Direct and Counter- Cyclical Program Contract", and the Regulations in 7 CFR Part 1412 as they applied to 2007 crops. By signing this contract, the undersigned producers on the farm identified in Item 5 are participating in the Direct and Counter-Cyclical Program for the commodities identified in Item 6. By signing this contract, producers: (1) acknowledge receipt of the CCC-509 Appendix (06-20-08), and agree to abide by the terms contained therein, and (2) agree to comply with the regulations governing the applicable program and payment eligibility and limitation provisions; and certify to the accuracy of the information set out on this form.					
Items 6 through 9 details the commodity, base acres, and yields for the farm in Item 5.					
6. Commodity	7. Base Acres	8. Payment Acres	9. Payment Yield		
			A. Direct	B. Counter-Cyclical	
10. Owner or Producer's Name and Address <i>(Including Zip Code)</i>			11. Commodity	12. Payment Share	
Identification Number <i>(Last 4 Digits)</i> :					
13A. Refused Payment Information:			13B. Item 10 identifies an owner who is:		13C. Producer's Initials
<input type="checkbox"/> All Direct Payments are Refused			<input type="checkbox"/> Socially Disadvantaged Farmer or Rancher		13D. Date Initialed <i>(MM-DD-YYYY)</i>
<input type="checkbox"/> All Counter-Cyclical Payments are Refused			<input type="checkbox"/> Limited Resource Farmer or Rancher <i>(See CCC-509 Appendix for definitions)</i>		
14. Advance Payment Selections (for all commodities):					
A. Advance Direct Payments _____ <i>(Month requested for receipt of Direct Payment.)</i>					
B. Partial Counter-Cyclical Payment: YES <input type="checkbox"/> NO <input type="checkbox"/>					
15A. SIGNATURE OF OWNER OR PRODUCER					15B. DATE <i>(MM-DD-YYYY)</i>
<b>FOR FSA USE ONLY</b>					
16A. SIGNATURE OF CCC REPRESENTATIVE					16B. DATE <i>(MM-DD-YYYY)</i>
17. REMARKS					

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

1. PROGRAM YEAR	3. STATE CODE	4. COUNTY CODE	5. FARM NUMBER
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CONTINUATION OF OWNERS OR PRODUCER'S CROP INFORMATION <i>(From Page 1)</i>				
10. Owner or Producer's Name and Address <i>(Including Zip Code)</i>	11. Commodity	12. Payment Share	11. Commodity	12. Payment Share
Identification Number <i>(Last 4 Digits)</i> : <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>				
13A. Refused Payment Information:  <input type="checkbox"/> All Direct Payments are Refused  <input type="checkbox"/> All Counter-Cyclical Payments are Refused		13B. Item 10 identifies an owner who is:  <input type="checkbox"/> Socially Disadvantaged Farmer or Rancher  <input type="checkbox"/> Limited Resource Farmer or Rancher <i>(See CCC-509 Appendix for definitions)</i>		13C. Producer's Initials  13D. Date Initialed <i>(MM-DD-YYYY)</i>
14. Advance Payment Selections (for all commodities):  A. Advance Direct Payments _____ <i>(Month requested for receipt of Direct Payment.)</i>  B. Partial Counter-Cyclical Payment:    YES <input type="checkbox"/> NO <input type="checkbox"/>				
15A. SIGNATURE OF OWNER OR PRODUCER				15B. DATE <i>(MM-DD-YYYY)</i>
10. Owner or Producer's Name and Address <i>(Including Zip Code)</i>	11. Commodity	12. Payment Share	11. Commodity	12. Payment Share
Identification Number <i>(Last 4 Digits)</i> : <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>				
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15A. SIGNATURE OF OWNER OR PRODUCER				15B. DATE <i>(MM-DD-YYYY)</i>